

1100 ONEOK PLAZA
100 WEST FIFTH STREET
TULSA, OKLAHOMA 74103-4217



Direct Dial: (918) 595-4987
Fax: (918) 595-4990
msnow@gablelaw.com

FAX COVER SHEET

RECEIVED
CENTRAL FAX CENTER

AUG 09 2004

OFFICIAL

To: _____ Date: August 9, 2004

Organization: United States Patent and Trademark Office

Fax: 7038729306 Phone: _____

From: Frank Catalano

Subject: Change of Correspondence Address – linking of customer number

Pages: 2 including cover

Comments: Attached find Change of Correspondence Address Form PTO/SB/122 which has been signed by the attorney of record Frank J. Catalano. Please link this file to Mr. Catalano's customer number 07303.
If you have any questions, please contact us. Thank you. Marcia Snow for Frank Catalano

{344552;} If you have any questions about this fax, please contact Marcia Snow.

HARD COPY WILL WILL NOT BE MAILED.

CONFIDENTIALITY NOTICE

This facsimile is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this facsimile is not the intended recipient, you are hereby notified that any disclosure, distribution, or copying of this information is strictly prohibited. No applicable privilege is intended to be waived by the party sending the accompanying documents. If you have received this facsimile in error, please notify us immediately by telephone (collect), and return it to us at the above address via the United States Postal Service. We will reimburse you for postage. Thank you.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS

Application

Address to:
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450.

Application Number	10/805772
Filing Date	03/22/2004
First Named Inventor	Michael L. Creekmore
Art Unit	2859
Examiner Name	
Attorney Docket Number	006429.00004

Please change the Correspondence Address for the above-identified patent application to:

Customer Number : 07303

OR

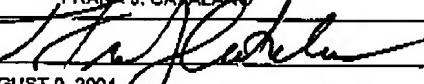
<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- Applicant/Inventor
- Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or Agent of record. Registration Number 25836
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(e)(1), Registration Number _____.

Typed or Printed Name FRANCIS J. CATALANO

Signature 

Date AUGUST 9, 2004

Telephone 8185954963

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.